

PC23575A

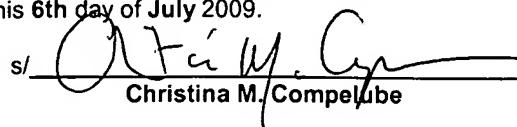
Supplemental IDS Statement for Appln. No.  
10/658,801



07/08/09

Certificate of Mailing (37 C.F.R. §1.10):

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail (EV 615410215 US) in an envelope addressed to: Mail Stop: AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 6th day of July 2009.

s/   
Christina M. Compelbe

~~Hu~~

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Paolo Gatti

Serial No.: 10/658,801

Confirmation No.: 1817

Filed: September 10, 2003

For: FORMULATIONS COMPRISING A  
BASIC INDOLINONE COMPOUND

Group Art Unit: 1616

Examiner: Nathan W. Schlientz

Attorney Docket No.: PC23575A

Mail Stop AMENDMENT  
Honorable Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

07/08/2009 CNGUYEN2 00000092 10658801

01 FC:1806 180.00 DA

TRANSMITTAL OF SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT  
UNDER 37 C.F.R. § 1.97

**37 CFR § 1.97(b)**

- The Information Disclosure Statement submitted herewith is being filed within three months of the filing date of a national application other than a continued prosecution application under § 1.53(d); within three months of the date of entry of the national stage as set forth in § 1.491 in an international application; before the mailing of a first Office Action on the merits; or before the mailing of a first Office Action after the filing of a request for continued examination under § 1.114. *07/08/2009 CNGUYEN2 00000092 161445 -- 10658801*

**37 CFR § 1.97(c)**

- The Information Disclosure Statement submitted herewith is being filed after three months of the filing date of a national application other than a continued prosecution application under § 1.53(d); after three months of the date of entry of the national stage as set forth in § 1.491 in an international application; after the mailing of a first Office Action on the merits; or after the mailing of a first Office Action after the filing of a request for continued examination under § 1.114, but before the mailing date of (1) a Final Action under § 1.113; (2) a Notice of Allowance under § 1.311; or (3) an action that otherwise closes prosecution in the application. The Commissioner is hereby authorized to charge the fee as set forth in § 1.17(p) to Deposit Account Number 16-1445.

- Applicant requests that the Examiner consider the following copending applications:

Application Serial No.	Filing Date

- Copies of these copending applications are enclosed.
- Applicant hereby requests consideration of the Information Disclosure Statement, PTO/SB/08, submitted herewith. Copies of the cited references, except as noted below, are enclosed.
- This application is a continuation, divisional or continuation-in-part of Serial No. . Copies of the cited references, if not enclosed, are available in the file of the parent application or parents thereof.
- Copies of U.S. Patents and U.S. Patent Application Publications are not enclosed. (waiver of 37 CFR 1.98(a)(2)(iii) pursuant to 37 CFR 1.183).
- Applicant hereby requests consideration of the enclosed International Search Report, which was received in a related international patent application.
- Applicant hereby requests consideration of the enclosed Notice of Opposition, which was filed against the corresponding European patent.

The Commissioner is hereby authorized to charge any fee deficiency, including any fee required under 37 C.F.R. § 1.17(p), or credit any overpayment, to Deposit Account Number 16-1445. A duplicate copy of this form is enclosed.

Respectfully submitted,

Date: July 6, 2009

  
Stephen D. Prodnuk  
Attorney For Applicant  
Registration No. 43,020

Pfizer Inc.  
Legal Division – Intellectual Property  
10555 Science Center Drive  
San Diego, California 92121  
Phone: (858) 622-3087  
Fax: (858) 678-8233

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

JUL 06 2009

**TRADEMARK** Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 180.00)

### *Complete if Known*

Application Number	10/658,801
Filing Date	September 10, 2003
First Named Inventor	Paolo Gatti
Examiner Name	Nathan W. Schlientz
Art Unit	1616
Attorney Docket No.	PC23575A

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 161445 Deposit Account Name: Pfizer Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>	<u>Fee (\$)</u>
52	26
220	110
390	195

Each independent claim over 3 (including Reissues)

<u>Small Entity</u>	<u>Fee (\$)</u>
52	26
220	110
390	195

Multiple dependent claims

<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
52	26	_____

Total Claims      Extra Claims      Fee (\$)      Fee Paid (\$)

- 20 or HP =      x      =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims      Extra Claims      Fee (\$)      Fee Paid (\$)

- 3 or HP =      x      =

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	/ 50 = _____ (round up to a whole number)	x _____	= _____ / _____

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Fee Code 1806 - Submission of an IDS

Fees Paid (\$)

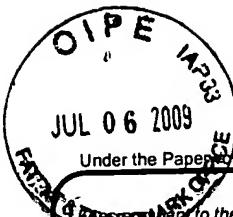
\$180.00

### SUBMITTED BY

Signature	<i>[Signature]</i>	Registration No. (Attorney/Agent)	43,020	Telephone	858.622.3087
Name (Print/Type)	Stephen D. Prodnuk, Ph.D.			Date	July 6, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



# DUPLICATE

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Revised pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
180.00

### Complete if Known

Application Number	10/658,801
Filing Date	September 10, 2003
First Named Inventor	Paolo Gatti
Examiner Name	Nathan W. Schlientz
Art Unit	1616
Attorney Docket No:	PC23575A

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 161445 Deposit Account Name: Pfizer Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

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	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
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Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	<u>- 20 or HP =</u>	<u>x</u>	<u>=</u>			
				52	26	

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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<u>- 100 =</u>	<u>/ 50 =</u>	<u>(round up to a whole number) x</u>	<u>=</u>	<u>/</u>

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Fee Code 1806 - Submission of an IDS

Fees Paid (\$)

\$180.00

### SUBMITTED BY

Signature	<u>SD</u>	Registration No. (Attorney/Agent)	43,020	Telephone	858.622.3087
Name (Print/Type)	Stephen D. Prodruk, Ph.D.			Date	July 6, 2009

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# DUPLICATE

PC23575A

Transmittal Letter for Supplemental IDS  
Statement for Appln. No. 10/658,801



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s/   
Christina M. Compejube

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Group Art Unit: 1616

Examiner: Nathan W. Schlientz

Attorney Docket No.: PC23575A

Mail Stop AMENDMENT  
Honorable Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Transmitted herewith are the following documents:

- |    |   |                      |
|----|---|----------------------|
| 1. | Supplemental Information Disclosure Statement | 2 Pages + Duplicate; |
| 2. | Notice of Opposition                          | 20 Pages;            |
| 3. | Form PTO.SB/08A                               | 1 Pages;             |
| 4. | Copies of Cited Art                           | 7 References;        |
| 5. | Fee Transmittal                               | 1 Page + Duplicate;  |
| 6. | Postcard                                      | 1 Postcard; and      |
| 7. | Total Fee Due                                 | Deposit Account.     |

Respectfully submitted,

Date: July 6, 2009

*SR*  
Stephen D. Prodnuk  
Attorney For Applicant  
Registration No. 43,020

Pfizer Inc.  
Legal Division – Intellectual Property  
10555 Science Center Drive  
San Diego, California 92121  
Phone: (858) 622-3087  
Fax: (858) 678-8233

PC23575A

Supplemental IDS Statement for Appln. No.

10/658,801

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P.O. Box 1450  
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UNDER 37 C.F.R. § 1.97**

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**DUPLICATE**

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Respectfully submitted,

Date: July 6, 2009

  
\_\_\_\_\_  
Stephen D. Prodnuk  
Attorney For Applicant  
Registration No. 43,020

Pfizer Inc.  
Legal Division – Intellectual Property  
10555 Science Center Drive  
San Diego, California 92121  
Phone: (858) 622-3087  
Fax: (858) 678-8233

# DUPLICATE